

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Metropolitan
Status
Ambulance
Providers

HMOs and Other
Managed Care
Programs

Maximum allowable fees increase for metropolitan status ambulance providers

Effective for dates of service on and after July 1, 2001, Wisconsin Medicaid is increasing maximum allowable fees for metropolitan status ambulance providers.

Ambulance services rate increase

Wisconsin Act 16, the 2001-2003 biennial budget, authorized a 1.065% rate increase in maximum allowable fees for most Wisconsin Medicaid non-institutional providers.

In addition to this increase, Wisconsin Act 16 authorized additional rate increases for selected providers. Therefore, metropolitan status ambulance providers will receive an additional increase targeted at selected services listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update*. Metropolitan status is a provider specialty assigned by Wisconsin Medicaid. This policy is effective for dates of service on and after July 1, 2001.

Providers may obtain updated maximum allowable fee schedules from Wisconsin Medicaid. Refer to the All-Provider Handbook for ordering instructions. Fee schedules, provider handbooks, and *Updates* are also located on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Automatic claim adjustments

Wisconsin Medicaid will automatically adjust claims if the amount billed exceeded the previous maximum allowable fee. Wisconsin Medicaid will not automatically adjust paid claims on which the billed amount was equal to or less than the previous maximum allowable fee.

Providers are reminded that:

- They are required to bill Wisconsin Medicaid their usual and customary charges.
- Wisconsin Medicaid will reimburse providers the lesser of either the billed amount or the maximum allowable fee.

Recipient copayments

Emergency ambulance services are not subject to a copayment. The copayment amount for a particular non-emergency service may change if the Medicaid maximum allowable fee for that service increases to the next highest copayment level.

Providers should verify that they are charging the correct copayment amount for each service. For most services, the following copayment chart applies:

Medicaid maximum allowable fee	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

For more detailed information about copayments (including copayment guidelines and exemptions) refer to the All-Provider Handbook and to the Ambulance Services Handbook.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Maximum allowable fees for metropolitan status ambulance providers effective July 1, 2001

The following table shows the new maximum allowable fees for ambulance services, effective for dates of service on and after July 1, 2001. The type of service code “9” (other) is used for all procedure codes.

Procedure code	Description	Maximum allowable fee	Provider specialty code
A0010	Emergency base rate	\$104.55	Advanced life support (ALS)
		\$87.13	Basic life support (BLS)
A0020	Emergency mileage, one way transport	\$4.25	ALS/BLS
A0060	Ambulance service, waiting time, one half (1/2) hour	\$22.55	ALS/BLS
A0070	Ambulance service, oxygen, administration and supplies	\$14.40	ALS/BLS
A0150	Ambulance service, non-emergency transportation, base rate	\$83.65	ALS
		\$69.71	BLS
A0215	Ambulance service, miscellaneous and disposable supplies	\$14.40	ALS/BLS
W9051	First aid rendered at scene	\$72.28	ALS
		\$60.23	BLS
W9072	Ambulance service, non-emergency mileage	\$3.25	ALS/BLS
W9074	Ambulance service, non-emergency transport isolette, first three hours	\$120.12	ALS/BLS
W9075	Ambulance service, non-emergency transport isolette, per hour after first three hours	\$22.55	ALS/BLS
W9078	Ambulance service, third attendant per trip	\$22.55	ALS/BLS
W9081	Ambulance service, multiple carry base rate	\$78.43	ALS
		\$65.35	BLS
W9082	Ambulance service, multiple carry mileage, two recipients	\$2.90	ALS/BLS
W9083	Ambulance service, multiple carry mileage, two recipients	\$1.88	ALS/BLS